

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
FISH & NEAVE 1251 AVENUE OF THE AMERCIAS NEW YORK NY 10020-1104		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
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		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/338,282	11/14/94	009	GAMBEL, P	1806 10/29/96
First Named Applicant	WAYNER, ELIZABETH A.			

TITLE OF INVENTION INHIBITION OF LYMPHOCYTE ADHERENCE WITH A4B1-SPECIFIC ANTIBODIES (AS AMENDED)

PAPER TO BE ENTERED

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 HUTCHINSONVL	424-144.100	F93	UTILITY	YES	\$645.00	01/29/97

3. Correspondence address change (Complete only if there is a change)

Steven W. Parmelee
TOWNSEND AND TOWNSEND AND CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. TOWNSEND AND TOWNSEND
AND CREW LLP

2. _____

3. _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
Fred Hutchinson Cancer Research Center

(2) ADDRESS: (CITY & STATE OR COUNTRY)
Seattle, Washington

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies _____

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

Authorized Signature: *Steven W. Parmelee*

Steven W. Parmelee, #31,990

(Date)

1-29-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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820 TL 20-1430 02/14/97 08338282
00415 242 645.00CH
00416 561 30.00CH

on: 1/29/97 (Date)

ARLENE C. GRANLUND (Name of person making deposit)

Arlene C. Granlund (Signature)

1/29/97 (Date)

1. TRANSMIT THIS FORM WITH FEE